

<b>Interview Summary</b>	Application No.	Applicant(s)	
	10/726,177	MATTHIS ET AL.	
	Examiner	Art Unit	
	Michael B. Priddy	3733	

All participants (applicant, applicant's representative, PTO personnel):

(1) Michael B. Priddy. (3)\_\_\_\_\_

(2) Mr. Saeid Mirsafian. (4)\_\_\_\_\_

Date of Interview: 26 September 2007.

Type: a) ☒ Telephonic b) ☐ Video Conference  
c) ☐ Personal [copy given to: 1) ☐ applicant 2) ☐ applicant's representative]

Exhibit shown or demonstration conducted: d) ☐ Yes e) ☒ No.

If Yes, brief description: \_\_\_\_\_

Claim(s) discussed: 1, 14 and 15.

Identification of prior art discussed: none.


Agreement with respect to the claims f) ☒ was reached. g) ☐ was not reached. h) ☐ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Examiner Priddy contacted Mr. Mirsafian to propose an Examiner's Amendment to correct minor informalities in claims 1, 14 and 15. Mr. Mirsafian agreed to the following changes: "a lower side" at line 14 of claim 1 will be changed to --the lower side--; "element" at line 3 of claim 14 will be deleted; and "member" at lines 4 and 5 of claim 15 will be changed to --element--.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

  
 EDUARDO C. ROBERT  
 SUPERVISORY PATENT EXAMINER  
 \_\_\_\_\_  
 Examiner's signature, if required